

FY 2006-07 PROPOSED BUDGET FORM INSTRUCTIONS

This instruction sheet is used to assist direct contract provider staff in completing the proposed budget forms for FY 2006-07 for development of a contract amendment.

Be sure to use the correct form(s)

- NTP services – Alcohol/Drug (non-Perinatal)
 - Non Minor Consent
 - Minor Consent
- NTP services – Perinatal
 - Non Minor Consent
 - Minor Consent
- Non-NTP services – Alcohol/Drug (non-Perinatal)
 - Non Minor Consent
 - Minor Consent
- Non-NTP services – Perinatal
 - Non Minor Consent
 - Minor Consent

Enter the required information in the **shaded areas only**. All other fields will be automatically calculated.

PROGRAM INFORMATION

- Enter County Name
- Enter Provider Name
- Enter 4-digit DMC Provider number
- Enter 6-digit Provider number (formerly called CADDs)
- Enter existing FY 2006-07 contract number
- Enter the contract time period

CAPACITY AND UNIT OF SERVICE INFORMATION – NARCOTIC TREATMENT PROGRAMS (NTP)

LICENSED CAPACITY: Enter the provider's Licensed Capacity

DAILY DOSE - METHADONE: Enter the number of estimated methadone daily doses.

NTP INDIVIDUAL COUNSELING: Enter the number of 10-minute Individual Counseling Sessions.

NTP GROUP COUNSELING: Enter the number of 10-minute Group Counseling Sessions.

UNIT OF SERVICE INFORMATION – NON-NARCOTIC TREATMENT PROGRAMS

OUTPATIENT DRUG FREE (ODF) - INDIVIDUAL COUNSELING: Enter the number of individual counseling sessions.

OUTPATIENT DRUG FREE (ODF) - GROUP COUNSELING: Enter the number of persons (DMC beneficiaries that will attend group counseling sessions)

DAY CARE REHABILITATIVE (DCH): Enter the number of visits.

NALTREXONE (NAL): Enter the number of visits.

PERINATAL RESIDENTIAL (RES): Enter the number of bed days.